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AUGUST 1991

OMB No.: 0938-

State: ARKANSAS

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No. 91-56
Supersedes 75-28 Approval Date DEC 30 1991 Effective Date OCT 01 1991
TN No. 75-28

HCFA ID: 7982E

Number of the Superseded Plan
Section or Attachment

Same, Approved 11-19-75, TN 75-28

STATE <u>Arkansas</u>	
DATE REC'D	<u>NOV 27 1991</u>
DATE APPV'D	<u>DEC 30 1991</u>
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HCFA 179	<u>91-56</u>
A	

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MARCH 1993

State: ARKANSAS

Citation

42 CFR

435.914

1902(a)(34)
of the Act

2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and
1920 of the Act

X

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR
434.20

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is--

— Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

— Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

X Not applicable.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>MAR 25 1993</u>	
DATE APPV'D	<u>MAY 03 1993</u>	
DATE EFF	<u>JAN 01 1993</u>	
HCFA 179	<u>93-09</u>	

TN No. 93-09 Approval Date MAY 03 1993 Effective Date JAN 01 1993
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TN No. 91-56

11a

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State/Territory: ARKANSAS

Citation

1902(a)(55) 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

STATE <u>Arkansas</u>	A
DATE REC'D <u>9-23-91</u>	
DATE APP'VD <u>9-30-91</u>	
DATE EFF <u>7-1-91</u>	
HCFA 179 <u>91-44</u>	

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